



115 1652

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031
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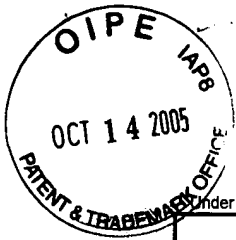
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|---|----------------------|------------------------|--------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 09/966,803 | |
| | Filing Date | September 27, 2001 | |
| | First Named Inventor | Jay SHORT | |
| | Art Unit | 1652 | |
| | Examiner Name | D. Ramirez | |
| Total Number of Pages in This Submission | 4 | Attorney Docket Number | 564462000420 |

| ENCLOSURES (Check all that apply) | | | | |
|---|--|--|---------|--------------------|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Withdrawal as Attorney or Agent and Change of Correspondence Address (1 page + 2 copies) Return Receipt Postcard | | |
| <table border="1"><tr><td>Remarks</td><td>Customer No. 45975</td></tr></table> | | | Remarks | Customer No. 45975 |
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| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
|--|-------------------------|----------|--------|
| Firm Name | MORRISON & FOERSTER LLP | | |
| Signature | | | |
| Printed name | Gregory P. Einhorn | | |
| Date | October 12, 2005 | Reg. No. | 38,440 |

| | |
|--|----------------------------|
| I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below. | |
| Dated: October 12, 2005 | Signature: (Norman Green) |



PTO/SB/83 (04-05)

Approved for use through 11/30/2005. OMB 0651-0035

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| REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS | Application Number | 09/966,803 |
| | Filing Date | September 27, 2001 |
| | First Named Inventor | Jay SHORT |
| | Art Unit | 1652 |
| | Examiner Name | D. Ramirez |
| | Attorney Docket Number | 564462000420 |

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

This withdrawal is being made at the request of the applicant.

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
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OR

| | | | |
|---|--|------------------|------------------------|
| <input checked="" type="checkbox"/> Firm or Individual Name | Lynn M. Linkowski Diversa Corporation | | |
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| Signature | | | |
| Name | Gregory P. Einhorn | Registration No. | 38,440 |
| Date | October 12, 2005 | Telephone No. | (858) 720-5133 |

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.